

## Special Election Guide

| <b><u>Valid SEP</u></b>  | <b><u>Options</u></b>   |
|--|---|
| I've moved to a new address that isn't in my plan's service area   | Switch MAPD/PDP, 2 months   |
| I've moved to a new address that's still in my plan's service area, but I have new plan options in my new location   | Switch MAPD/PDP, 2 months   |
| I moved back to the U.S. after living outside the country:   | Join a MAPD/PDP, 2 full months  |
| I just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital)                             | Join/Switch a MAPD/PDP<br><br>Drop MA and return to Orig Medicare Lasts as long as you're in the institution, and for 2 full months after you leave |
| I'm released from jail   | Join a MAPD/PDP, 2 full months  |
| I'm no longer eligible for Medicaid  | Join/Switch a MAPD/PDP<br>Drop MA and return to Orig Medicare 3 full months, quarterly  |
| I involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other coverage changes and is no longer creditable. | Join a MAPD or PDP 2 months   |
| I had drug coverage through a Medicare Cost Plan and I left the plan   | Join a PDP, 2 months  |
| I have a chance to enroll in other coverage offered by my employer or union  | Drop your current MAPD/PDP to enroll in private plan, can change when they allow  |

## Special Election Guide

|  |  |
|--|--|
| I have or am enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA Coverage) | Drop MAPD/PDP, Anytime   |
| I enrolled in a Program of All-inclusive Care for the Elderly (PACE)   | Drop MAPD/PDP, Anytime   |
| Medicare takes an official action (called a “sanction”) because of a problem with the plan that affects me                 | Switch MAPD/PDP, case by case basis  |
| Medicare ends (terminates) my plan’s contract  | Switch MAPD/PDP, 1 full month  |
| <b><u>Valid SEP</u></b><br>Medicare Cost Plan’s contract with Medicare isn’t renewed                                       | <b><u>Options</u></b><br>Join a PDP  |
| I’m eligible for both Medicare and Medicaid  | Join, Switch, drop MAPD/PDP, can utilize quarterly Jan-Mar, Apr-Jun, Jul-Sept, <b><u>NOT</u></b> Oct-Dec |
| I qualify for Extra Help paying for Medicare prescription drug coverage  | Join, Switch, drop MAPD/PDP, can utilize quarterly Jan-Mar, Apr-Jun, Jul-Sept, <b><u>NOT</u></b> Oct-Dec |
| I’m enrolled in a State Pharmaceutical Assistance Program (SPAP) or I’m losing, SPAP eligibility                           | Join a MAPD/PDP, Once during the calendar Year   |
| I dropped a Medigap policy the first time I joined a Medicare Advantage Plan   | Drop MAPD, enroll in Orig Medicare Within 12 months  |

## Special Election Guide

|  |  |
|--|--|
| <p>I have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with my condition</p> | <p>Join a Chronic Special Needs Plan<br/>Anytime, once you join this SEP ends</p>  |
| <p>I'm enrolled in a Special Needs Plan (SNP) and no longer have a condition that qualifies as a special need that the plan serves</p>                     | <p>Switch from a SNP to a MAPD/PDP<br/>Up to 3 months after the SNP Grace Period</p>                                     |
| <p>I joined a plan, or chose not to join a plan, due to an error by a federal employee</p>   | <p>Join a MAPD/PDP, Switch Plans, drop MA &amp; return to Orig Medicare, drop PDP<br/>2 full months</p>                  |
| <p>I wasn't properly told that I was losing private drug coverage that was as good as Medicare drug coverage (creditable coverage)</p>                     | <p>Join MAPD/PDP, 2 full months</p>  |
| <p>I have a 5-star rated plan in my area</p>   | <p>Can switch only between 12/8 and 11/30,<br/>Plan must be a 5-star MA or MAPD</p>                                      |
| <p>I'm eligible for both Medicare and Medicaid</p>   | <p>Join, switch or drop MAPD/PDP<br/>Quarterly, Jan-Mar, Apr-Jun, Jul-Sept,<br/>can <b><u>NOT</u></b> during Oct-Dec</p> |
| <p>I qualify for Extra Help paying for Medicare prescription drug coverage</p>   | <p>Join, switch or drop MAPD/PDP<br/>Quarterly, Jan-Mar, Apr-Jun, Jul-Sept,<br/>can <b><u>NOT</u></b> during Oct-Dec</p> |